cordovan ARTschool

Marketing Activity Report

Month Ending: _____ Franchise Number: _____
Franchisee Name: _____ Phone: _____
Address: _____

Description of Advertising Activity	Attached Evidence of Activity (1-4) *	Run Dates or Dates of Promotion	Invoice Date	Invoice Amount

* KEY: 1 = COPY OF PAID INVOICE 2 = COPY OF CANCELED CHECKS 3 = TEAR SHEETS 4 = OTHER

_____ _____
Franchisee's Signature Date

Total Advertising Expenditures $_____

Total Net Sales for the Month $_____

Total Required Expenditures $_____

OFFICE USE ONLY CHECKED BY: _____

TOTAL NET SALES FOR THE MONTH
$_____

REQUIRED LOCAL EXPENDITURE
$_____

ACTUAL LOCAL EXPENDITURE $_____

OVER / UNDER $_____